

Foster Family Home - Corrective Action Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

91-927 Pailani Street

Ewa Beach

HI 96706

Review ID: 1-110012-12

Reviewer: Jackie Chamberlain

Begin Date: 1/14/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation present for [REDACTED] for client # 2 for any caregivers.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order for [REDACTED] for client # 1 or client # 2

Jackie Chamberlain RN

Compliance Manager

Violeta V. Fiesta

Primary Care Giver

1/16/2020

Date

1/16/2020

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: VIOLETA FIESTA FOSTER HOME
 CCFFH Address: 91-927 PAIUNI ST. EWA BEACH, HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 43(c)3 | <p>Lapse in following order for blood glucose monitoring by not having the [REDACTED] or nursing delegation since 12/01/19 admission cannot be corrected.</p> <p>Case management agency RN made home visit of 1/18/20 for delegations and patient received the [REDACTED] from pharmacy.</p> | 1/11/2020 | Home will ask case management agency for delegations for all new clients or medical procedures and also verify all medical supplies ordered are present. |

Primary Caregiver's Signature: Violeta V. Fiesta

Print Name: VIOLETA V. FIESTA Date of Signature: 01/24/2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: VIOLETA FIESTA FOSTER HOME
 CCFFH Address: 91-927 PAILANI ST. EWA BEACH, HI. 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 53(b)7 | Lapse of doctor order for use of [REDACTED] cannot be corrected. MD order received for [REDACTED] use | 1/20/2020 | Home will ask case management agency for assist if needed with (such as doctors orders) any new regulations that I am notified of. Home will abide by new rules in "my chosen way" |

Primary Caregiver's Signature: Violeta Fiesta

Print Name: VIOLETA V. FIESTA

Date of Signature: 1/24/2020